

Case Number:	CM14-0112589		
Date Assigned:	08/01/2014	Date of Injury:	03/14/2005
Decision Date:	10/08/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California and Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46-year-old male who reported an injury on 03/14/2005. Mechanism of injury was not submitted for review. The injured worker has diagnoses of myalgia and myositis non specified, cervical radiculopathy, sleep disorder, cervical disc displacement, generalized anxiety, and depressive disorder. Past medical treatment consists of medication therapy. It was documented in the report that urine toxicology screens have been appropriate, but they were not submitted for review. On 06/25/2014, the injured worker complained of neck and left upper extremity pain. Physical examination revealed that the cervical spine had decreased range of motion. Trapezius muscles had spasm and tenderness to palpation to the left. The report lacked any indication of range of motion, sensory deficits, and muscle strength. The treatment plan is for the injured worker to continue use of Tizanidine hydrochloric acid. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tizanidine Hydrochloric Acid 4mg. Dispense 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

Decision rationale: The request for Tizanidine Hydrochloric Acid 4mg. Dispense 60 with 2 refills is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend Tizanidine as a non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. They should no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The greatest effect of these types of medications is in the first 4 days of treatment, suggesting that the shorter courses may be better. Treatment should be brief. The request as submitted is for Tizanidine Hydrochloric Acid 4mg. Dispense 60 with 2 refills, which exceeds the guideline recommendation of short term therapy. The provided documentation lacked any evidence of significant objective functional improvement with the medication. The provider's rationale for the request was not provided within the submitted report. Furthermore, the frequency and duration of the medication was not specified in the request. Given the above, the injured worker is not within the California MTUS recommended guidelines. As such, the request for Tizanidine Hydrochloric Acid 4mg. Dispense 60 with 2 refills is not medically necessary.